

## Health engagement hub Request for Interest frequently asked questions

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### How much is allocated for this pilot and for what timeframe?

The Legislature allocated \$4 million total for two pilot sites and related administrative expenses for the fiscal biennium that started July 1, 2023, and ends June 30, 2025.

### What are the required steps to be a health engagement hub pilot site?

- Complete the survey questions indicated on the [Request for Interest](#) on a separate Word document as well as a [budget for years 1 and 2](#).
- Budget considerations can be found in the Request for Interest.
- Email materials to [HCAHealthEngagementHubs@hca.wa.gov](mailto:HCAHealthEngagementHubs@hca.wa.gov) by close of business on December 8, 2023.

### Does the allocated \$4 million for the pilot program include Medicaid-billable services?

No. Health engagement hubs providers can budget their allocated amount from the \$4 million for non-Medicaid expenses, and Medicaid-billed services would be budgeted in addition to the allocation.

### My organization would be partnering with several others to provide the health engagement hub model. Do all of our partnering organizations need to be able to bill and receive funding from Medicaid?

Only organizations that provide Medicaid-billable services need to be able to bill Medicaid. Any organizations partnering on service delivery that provide Medicaid-billable services, including physical or behavioral health services, must be able to bill and receive Medicaid reimbursement. However, it would not be expected that agencies providing strictly non-billable services (e.g., syringe service programs, outreach, care coordination) will be required to or trained to bill Medicaid.

### How many pilot projects will be funded?

Funding will be allocated to a minimum of two pilot sites, one in an urban area and one in a rural area.

### What is the definition of urban and rural, for the purposes of this pilot?

Please see the [US Health Resources & Services Administration \(HRSA\)](#) definition of urban and rural. Tribal entities interested in becoming a health engagement hub can identify as urban or rural based on the Tribe's preference.

### Can funds be sub-contracted?

Yes, funds can be sub-contracted out to ensure all services are available.

## What does low-barrier mean?

- Services are available on a drop-in basis, with no appointments required, and in a community space where individuals already have trusting relationships.
- The setting is historically a location that is accessed by people who use drugs, such as Syringe Service Programs.
- Counseling is not required to receive medications for OUD, but it is available.
- To promote engagement and retention, continued drug use is seen as an opportunity for further engagement rather than discharge from services.
- The program offers risk reduction supplies without requirements, including, but not limited to sterile syringes, wound care items, injection alternatives and condoms/lubricant.

## What type of data will be collected?

At this time, HCA and DOH have not identified concrete measures and outcomes. Before contracts are in place, HCA and DOH will work with prospective contractors in determining outcomes and measures that best meet the need of the program and the people they serve.

## What happens after completing the Request for Interest? Will there be a more robust application?

No. the Request for Interest process is designed to be low-barrier. The health engagement hubs team at HCA and DOH will reach out following the submission of Request for Interest questions and budget worksheets to have further discussions with respondents.

## Is the expectation that these programs will attain financial sustainability by July 2025, or will there be additional funding available after this time?

- At present, the only allocated funding is the \$4 million provided by the legislature for the 2023-2025 fiscal biennium.
- Data collection and site evaluation will be an important part of the pilot program to understand the fiscal need and make a case for ongoing funding.
- Sustainability is also an important aspect, which is why HCA and DOH are seeking programs that include an agency that can bill and receive Medicaid reimbursement.
- HCA is required to develop payment structures for health engagement hubs by June 30, 2024. Subject to the availability of funds appropriated for this purpose, and to the extent allowed under federal law, the authority shall direct Medicaid managed care organizations to adopt a value-based bundled payment methodology in contracts with health engagement hubs. HCA shall not implement this requirement in managed care contracts unless expressly authorized by the legislature.

## Is it possible to get support in getting connected to other organizations for the purpose of applying to be a health engagement hub site?

- While we would like to be in the position to offer this in the future if the health engagement hub model becomes an ongoing effort, for the purposes of this time-limited pilot program, HCA and DOH cannot provide support partnership building.
- You may consult the [Washington State SSP directory](#) for local syringe service programs to develop partnerships.
- There is also a list of Opioid Treatment Programs in the [Opioid treatment program guide](#).

- Finally, Washington State Department of Health has a list of [Behavioral Health Agencies](#), which you could consult.

## How strict is the staffing model proposed in the Request for Interest?

- HCA and DOH will employ some flexibility when considering staffing models, if they can meet the service needs outlined in the Request for Interest.
- At a minimum, however, staff must include:
  - A partial or full-time physician (MD, DO, ARNP, PA) licensed to practice in the state of Washington;
  - A partial or full-time registered nurse (RN) who can provide medication management and medical case management, care coordination, wound care, vaccine administration, and community-based outreach;
  - Partial or full-time licensed behavioral health staff qualified to assess and provide counseling and treatment recommendations for substance use and mental health diagnoses (e.g., LICSW, LMHC, SUDP);
  - Partial or full-time outreach and engagement staff (e.g., peer, community health workers, recovery coaches); and,
  - A prescriber who can treat psychiatric and co-occurring disorders, and who has experience prescribing medications for opioid use disorder.

## Can some services be delivered via telehealth?

Some services may be provided via telehealth as appropriate. However, in-person services should be provided wherever possible and telehealth services should be limited in scope.

## Does a health engagement hub site need to be able to provide methadone on-site?

Health engagement hubs do not need to be licensed Opioid Treatment Programs. However, they do need to have dedicated partnerships to be able to provide warm hand-offs to OTPs for participants/clients/patients to be able to access methadone.

## Will HCA and DOH prioritize specific interested parties?

Yes, HCA will prioritize prospective health engagement hub sites that will serve communities disproportionately impacted by overdose, health issues, and other harms related to drugs including American Indian/Alaska Native, Black, and Hispanic/Latine communities and will prioritize organizations that are led by Tribes, American Indian/Alaska Native, Black, and Hispanic/Latine staff.

## Is there a requirement for sites to be up and running by a certain date?

HCA and DOH will prioritize prospective health engagement hubs that will be ready to operationalize services as soon as possible; the goal is to have contracts executed and resulting go-live date in early Spring 2024.

## If our community has no access to methadone are there any exceptions to this requirement?

For the health engagement hub pilot program, access to methadone is a statutory requirement; however, sites can operate in a mobile or fixed unit, or a combination of both. Depending on the distance from methadone programs and feasibility, sites could submit a budget that includes considerations for transportation to the nearest Opioid Treatment Program.

## **Safer use practices were highlighted in the Request for Interest, must that safer use occur on-site? If so, must the facility be able to accommodate smoking on site?**

Use of substances on-site is not required, nor expected, and is not the intention of health engagement hubs. Safer use practices are strategies designed to reduce the consequences of drug use. This would include overdose education, proper injection practices, syringe access, wound care supplies, infectious disease education and screening, and access to medications for opioid use disorder.

## **Can you clarify the budget timeline for the health engagement hub pilot program as enacted in 2E2SSB 5536?**

The budget for the first year will begin at contract execution through June 30, 2024, and for the second year will go from July 1, 2024 through June 30, 2025.

## **How does HCA define “historically underserved communities,” as referenced in question #17 on the request for interest survey?**

The health engagement hubs should prioritize communities disproportionately impacted by overdose, health issues, and other harms related to drugs, including American Indian/Alaska Native communities, Black/African American communities, Latino/Hispanic communities, people experiencing homelessness, and communities impacted by the criminal-legal system.

## **Can the funding for this program be applied retroactively?**

Payments will be dependent on the terms of the executed contract between HCA and the pilot site and no payments will be issued for services provided prior to contract execution.

## **Will potential pilot sites have the opportunity to refine their budgets following the submission of responses to the Request for Interest survey questions and budget worksheet?**

Yes. Please submit the budget and responses to the best of your capabilities by the deadline – HCA and DOH may reach out for more information on submissions, and selected sites will have an opportunity to refine their budgets during contract negotiations.

## **What is the anticipated timeline for HCA informing interested parties of their award status for this pilot program?**

We anticipate identifying pilot sites sometime in January 2024.

## **Can you share more about medication storage and inventory requirements for health engagement hub sites?**

- The goal is for sites to store medication that would otherwise be taken home with the participant in a secured location and a locked box/locker for participants who are homeless or housing insecure.
- All storage and dispensing must be in accordance with Washington state law – dependent on the medication.

## Do submission of materials including the Request for Interest survey responses, budget worksheet, and letters of support need to be provided in a condensed PDF?

No. Please submit responses to survey questions in accordance with instructions indicated on page 3 in the [Request for Interest](#). For your convenience, HCA has provided a [budget worksheet template](#), but respondents can use any template as long as it includes the information requested in the provided template. Please send all materials relevant to your response as attachments in a single email to [HCAHealthEngagementHubs@hca.wa.gov](mailto:HCAHealthEngagementHubs@hca.wa.gov)